## A24272

Margaret M. Stadtler Stadtler Enterprises, L. P. 748 Eureka Drive Versailles, KY 40383-1933

200005599342--0 -05/23/02--01029--007 \*\*\*\*\*35.00 \*\*\*\*\*35.00

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## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

| 1   |              |    |   | 0                 | 2002         |      |
|---|--------------|----|---|-------------------|--------------|------|
| (Corporation Name)  |              |    | (Document #)  | LLAHA<br>10N OI   | 2002/MAY 23/ | -    |
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| (Corporation Name)  |              | ·  | (Document #)  | 000               | 9:54<br>9:54 |      |
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| ☐ Walk in   | Pick up time |    |   | ☐ Certified Copy  |              |      |
| ☐ Mail out  | Will wait    |    | Photocopy   | Certificate of St | atus         |      |
| NEW FILINGS   |              | AN | IENDMENTS   | •                 |              | : == |
| Profit Not for Profit Limited Liability Domestication Other |              |    | Amendment Resignation of R.A Change of Register Dissolution/Withdr Merger | ed Agent          |              |      |
| OTHER FILINGS   |              | RE | GISTRATION/QU   | ALIFICATION       | <br>=        | -    |
| Annual Report Fictitious Name                               |              |    | Foreign<br>Limited Partnership<br>Reinstatement<br>Trademark<br>Other     |                   |              |      |

CR2E031(7/97)

Examiner's Initials

J. BRYAN MAY 3 1 2002

## LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

| 1. STADTLER ENTERPRISES LTD   |
|---|
| Name of the limited partnership   |
| 2. Date of filing/registration in Florida  3. A 2 4 2 7 2  Document number assigned   |
| 4. The name of the registered agent and the registered office address as shown on the records of the Florida  Department of State:  CAROL SARTORIUS  Name  Name  Address  Summerfield FL 34491  |
| 5. The name and address of the new registered agent and/or office:  DONALD W. HUTCHINS  Name  2067 SAXON BLVD.  Florida street address (P.O. Box not acceptable)  |
| DELTONA FL 32725  City, State and Zip  6. Such change(s) was/were authorized by the general partners.   |
| Margaret MStadtler Signature of Geograf Partner   |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has |

Signature of Registered Agent

Make checks payable to Florida Department of State and mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00